



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert J. Peterka

Title: BIAS-PROBE ROTATION TEST OF VESTIBULAR FUNCTION

Docket No.: 1661.001US1

Filed: January 21, 2004

Examiner: Michael Apanius

Customer No.: 21186

Serial No.: 10/762,211

Due Date: September 18, 2007

Group Art Unit: 3736

Confirmation No.: 2507

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

**Notice of Allowance Date:**

June 18, 2007

We are transmitting herewith the attached:

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☒ Issue Fee Transmittal (Form PTOL-85).

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SCHWEGMAN, LUNDBERG & WOESSNER, P.A.

Customer Number: 21186

By

David R. Cochran

Reg. No. 46,632

DRC:CMG:kkh

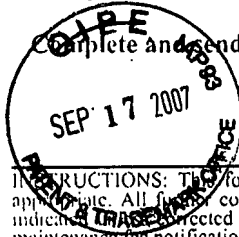
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Kathleen Hauser

Name

Signature

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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21186

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Kathleen Hauser

(Depositor's name)

Kathleen Hauser

(Signature)

September 13, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/762,211	01/21/2004	Robert J. Peterka	1661,001US1	2507

TITLE OF INVENTION: BIAS-PROBE ROTATION TEST OF VESTIBULAR FUNCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	09/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
APANIUS, MICHAEL	3736	600-559000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Schwegman, Lundberg

2 &amp; Woessner, P.A.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oregon Health &amp; Science University

Portland, OR

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David R. Cochran

Date

13 September 2007

Typed or printed name David R. Cochran

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